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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No.

09/902,502

Confirmation No.: 5914

Applicant :

KENNETH A. GOLDBERG

Title

METHOD AND APPARATUS FOR INSPECTING AN EUV MASK

BLANK 07/09/2001

Filed : TC/A.U.

2876

Examiner :

EDWYN LABAZE

Docket No. : LBL-CIB-1572 Cust. No. : 8156

**Commissioner for Patents** P.O. Box 1450 Alexandria, VA 22213-1450

## **AMENDMENT**

Dear Sir:

Please amend the above-identified U.S. patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 8 of this paper.

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372.27 TO

12.77 (2.5

## PATENT APPLICATION FEE DETERMINATION RECORD 9/902500 Effective October 1, 2003 **CLAIMS AS FILED - PART I** OTHER THAN SMALL ENTITY SMALL ENTITY (Column 2) TYPE [ OR (Column 1) FEE TOTAL CLAIMS RATE RATE FEE OR BASIC FEE 770.00 385.00 BASIC FEE NUMBER EXTRA NUMBER FILED. FOR APPLE MARIE TOTAL CHARGE SLE CLAIMS X\$18-\*2 2X minus 20= OR %66= INDEPENDENT CLAIMS minus 3 = X43= OR MULTIPLE DEPENDENT CLAIM PRESENT +290= +145= OR \* If the difference in column 1 is less than zero, enter "0" in column 2 **TOTAL** TOTAL OR OTHER THAN **CLAIMS AS AMENDED - PART II** SMALL ENTITY OR SMALL ENTITY (Column 3) 4.22.04 (Column 1) (Column 2) ADDI-HIGHEST. ADDI-PRESENT NUMBER RATE TIONAL 4 REMAINING TIONAL RATE PREVIOUSLY EXTRA AMENDMENT AFTER FEE FEE PAID FOR **AMENDMENT** X\$18= 39 39 XS 9= OR Minus Total Independent Minus X86= X43= OB FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +290= +145 OR TOTAL TOTAL OR ADDIT FEE ADDIT. FEE 6.29.04 (Column 3) (Column 2) (Column 1) HIGHEST ADDI-CLAIMS ADDI-PRESENT NUMBER REMAINING 8 TIONAL RATE TIONAL RATE **PREVIOUSLY** EXTRA-AFTER DMENT FEE FEE AMENDMENT PAID FOR X\$18= 39 X\$ 9= Minus OR Total Minus Independent X86= 72.00 X43= OR 冈 FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +290= 290.00 +145= OR TOTAL TOTAL 462.00 ADDIT. FEE

| •           |  | (Column 1)                                | ·     | (Column 2)                                  | (Column 3)       |
|-------------|--|---|-------|---|------------------|
| AMENDMENT C |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|             | Total  | •   | Minus | **  | <b>.</b>         |
|             | independ nt                                    |   | Minus | 414   | -                |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       |   |                  |

<sup>\*</sup> If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

ADDI-ADDI-TIONAL RATE TIONAL RATE FEE FEE X\$18= X\$ 9= OR X86= X43= OR +290= +145= TOTAL TOTAL ADDIT, FEE ADDIT. FEE

Application or Docket Number

ADDIT, FEE

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." \*\*\*\* the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.